POWER OF	ATTORNEY	First Named Inv	ventor: Peter	QUIRK				
FOR UTILITY								
PATENT APP		COMPLETE IF KNOWN						
		Application Num	ber. Not Y	Not Yet Assigned				
Declaration Submitted Declaration Submitted	Supplement Supplement Declaration		Here	with				
With Initial Filing (sur Filing (37 CFR 1	rcharge (37 CFR 1.67		Not Y	ét Assigned				
(37 CFR 1.63) required)		Examiner Name	Examiner Name: Not Y		Yet Assigned			
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I hereby declare that:		4-4-d hala44-41						
Each inventor's residence, mailing ad				d and for which	a natent is			
I believe the inventor(s) named below sought on the invention entitled:	v to be the original and first if	iveritor(s) of the subject.	natter which is dailine	u anu ioi wilich	a patent is			
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FLASHING								
	و مسيمر	a of the law and						
the specification of which	(Title	e of the Invention)						
is attached hereto								
OR			•		•			
was filed on (MM/DD/YYYY) December 9, 2004 as Unit	ed States Application or	PCT International App	lication Numbe	r			
was filed on (MM/DD/YYYY) <u>December 9, 2004</u> as United States Application or PCT International Application Number <u>PCT/AU2004/001742</u> and was amended on (MM/DD/YYYY) (if applicable).								
	ad waderstand the sentents	of the above identified on	acification including th	na claime, ac an	nandad hy any			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international								
filing date of the continuation-in-part		si use ming date of the pi	ioi appiloation and the		, international			
	ACT V		raign annliasticu(s) fo	r notant invent	or or plant			
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(of America, listed below and have also in the certificate (s).	a) of any PCT international a so identified below, by check	application which designating the box, any foreign a	ited at least one count application for patent, i	ry other than the nventor's or pla	e United States Int breeder's			
rights certificate(s), or any PCT internation	lational application naving a	illing date before that of t	application on which	ar phonty is cial				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? No			
AU 2003906832	Australia	December 9, 2003		П	\boxtimes			
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DECLARATION/

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AUDITIES DOCKET NUMBER:

| HAC-104US

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Practitioners at Customer Number 23122 OR Practitioner(s) named below: Name Registration Number Name: Direct all correspondence to: Practitioners Customer Number listed above, and to transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to: Practitioners Customer Number listed above, OR Correspondence Address Billow. Name: Address: City: State: Zip: Country: Telephone: Fax: I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to bring and fillinger that these statements were made with the knowledge that willful false statements and the like so made to believe to be included by the spinication on any paterit issued thereon. Name of Sole or First Inventor: Given Name (first and middle (if any)) Family Name or Surname QUIRK Inventor's Signature Residence City: Bardon, Queensland State: Country: AUSTRALIA Citzenship: Australia Mailing Address: City: Bardon, Queensland State: Zip: 4065 Country: Australia	I hereby appoint:						
Practitioner(s) named below:		lumber <u>23122</u>					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to: Practitioners Customer Number listed above. OR Correspondence Address Below. Name: Address: City: State: Telephone: Telephone: Telephone: Fax: I hereby declare that all statements, made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or, any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle (if any)) Family Name or Surname QUIRK Date: Residence: City: Bardon, Queensland State: Country: AUSTRALIA Citizenship: Australia Mailing Address: City: Bardon, Queensland State: Zip: 4065 Country: Australia							
Patent and Trademark Office connected therewith. Direct all correspondence to: Practitioners Customer Number listed above; OR	Name	· ·	Registration Number				
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Practitioners Customer Number listed above; OR Correspondence to: Practitioners Customer Number listed above; OR							
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Additional inventors are listed on the next page.	Additional inventors are listed	on the next page.					